

July 25, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1340-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Chiropractic Medicine.

Clinical History:

This female claimant was injured on her job on _____. The treatment notes clearly show pain levels to be higher than expected. The patient did not seem to respond to conservative care.

Disputed Services:

Thirty-day chronic pain management program.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the pain management program is not medically necessary in this case.

Rationale:

This patient does meet the significant clinical indicators found in the "Spine Treatment Guidelines", specifically Figure 6: 28TAC 134.1001 (g)6(c). These are, documented history of persistent failure to respond to non-operative treatment, history of psychological disorder, inhibitors of physical functioning, and inability to tolerate the first two levels of care.

However, references to a work hardening program were found in the treatment notes. The first was a recommendation on 12/15/02, and the other two on 04/14/03 and 04/30/03. Based on the fact that the patient has already undergone work hardening, and was not, apparently, beneficial, it could not be expected that she would benefit from a pain management program.

The difference between chronic pain management and work hardening would not be so much as to justify the extensive amount of treatment requested. Therefore, even though the patient does exhibit several of the indicators such that chronic pain management could be recommended, the fact that she has not significantly responded already to work hardening and the myriad of other previous treatment regimes, would indicate that chronic pain management would not be medically necessary.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on May 14, 2003.

Sincerely,